

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

		<i>Complete If Known</i>	
Application Number	10/665,176		
Filing Date	September 19, 2003		
First Named Inventor	Michael J. Sullivan		
Examiner Name	Raeann Gorden		
Art Unit	3711		
TOTAL AMOUNT OF PAYMENT	(\$ 910.00	Attorney Docket No.	B03-40

METHOD OF PAYMENT

Deposit Account Deposit Account Number: 502309 Deposit Account Name: Acushnet Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>Filing Fee (\$)</u>	<u>Search Fee (\$)</u>	<u>Examination Fee (\$)</u>	<u>Fees Paid (\$)</u>
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	

2. EXCESS CLAIM FEES

Fee Description Fee (\$)

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200

<u>Total Claims</u>	<u>Paid TC</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-	=	0	50	= 0

Paid TC = the greater of 20 or highest number of total claims paid for

<u>Independent Claims</u>	<u>Paid IC</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-	=	0	200	= 0

Paid IC = the greater of 3 or highest number of independent claims paid for

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>(round up to integer)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	x 250	=	

4. OTHER FEES

Extension for response within first month \$120

120

Other: Request For Continued Examination \$790

790

SUBMITTED BY

Signature	<i>William B. Lacy</i> BY: William B. Lacy (48,619)	Registration No.: 36,200	Telephone (508) 979-3534
Name	FOR: Troy R. Lester <i>Troy R. Lester</i>	Date: May 3, 2005	

ACUSHNET COMPANY

FAX COVER SHEETRECEIVED
CENTRAL FAX CENTER

DATE: May 3, 2005

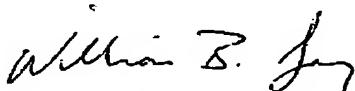
MAY 03 2005

TO: Mail Stop AF
Commissioner for Patents
Art Unit: 3711; Examiner: Raeann Gorden
Facsimile No.: (703) 872-9306FROM: William B. Lacy
Customer Number: 40990
Phone No.: (508) 979-3534RE: Application Serial No.: 10/665,176
Response to Final Office Action of January 3, 2005Pages including cover sheet: 11

Certificate of Transmission under 37 C.F.R. § 1.8

I hereby certify that this correspondence (11 pages), including this facsimile cover sheet, a signed Response to Final Office Action (7 pages), a fee transmittal, a Petition for Extension of Time, and a Request For Continuing Examination Transmittal, is being facsimile transmitted to the U.S. Patent and Trademark Office, Art Unit 3711, on May 3, 2005.

Date



Signature

OIPE/JCWS

MAY - 5 2005

RECEIVED

William B. Lacy (Reg. No. 48,619)

Name of person signing Certificate

CONFIDENTIALITY NOTICE: This facsimile transmission (and/or the document accompanying it) may contain confidential information belonging to the sender. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please immediately notify us by telephone to arrange for the return of the documents. THANK YOU.

P.O. Box 965
Fairhaven, MA 02719-0965

FOOTJOY

(508) 979-3540 phone
(508) 979-3063 fax